

**Price Differential Form**

**Relocation Entitlement Instructions**

TO: NAME (LENDER OR TITLE CO.)

INSERT ADDRESS

INSERT ADDRESS

Attn: INSERT NAME

Telephone No.: INSERT TELEPHONE NO.

Fax No.: INSERT FAX NO.

*AGENCY Information*

*RE: INSERT DISPLACEE NAME*

*Project Title: INSERT PROJECT TITLE*

*AGENCY Parcel No.: INSERT PARCEL NO.*

*Displacee No.: INSERT DISPLACEE NUMBER*

DATE: INSERT DATE

Escrow No: INSERT ESCROW NO.

The AGENCY has determined that the undersigned is entitled to the sum of \$INSERT AMOUNT ENTITLED under the Relocation Assistance Program for the purchase of the property located at INSERT PROPERTY ADDRESS.

The state has advised that this amount will be forwarded to you for placement in escrow within INSERT NUMBER OF DAYS days (or at the time) you receive this letter.

We mutually agree and instruct that the funds be handled as stated below:

1. The sum of \$INSERT DOWN PAYMENT AMOUNT is to be applied toward the **down payment** to reduce the amount of principal owed **but NOT to be applied to prepaid taxes or insurance**. The final closing statement should indicate funds received from the AGENCY.
2. The sum of \$INSERT APPLIED AMOUNT is to be applied toward certain eligible closing costs detailed below. Should the final eligible closing costs total be less than the estimated eligible closing costs shown below upon which this payment is based, the difference must be refunded to the state at the address shown.

Item No.	Item Description	Charge	Amount Reimbursable	Explanation
<b>Total Estimated Eligible Closing Costs</b>				

3. Upon closing, mail a copy of the recorded instruments and a copy of the Final HUD (closing statement) to:

Agency

Attn:

Address

City, State, Zip

Said closing statement must include, at a minimum:

- (1) The closing date of the escrow,
- (2) Endorsement by purchaser to the effect that the statement has been approved, and
- (3) **Certification by the closing officer that the statement is true and correct.**

In the event that you are unable to perform as instructed herein prior to INSERT PRIOR TO DATE, return all state funds, less your escrow cancellation charge, if any, with your letter of explanation to the state at the address shown above.

AGENCY

\_\_\_\_\_  
INSERT SPECIALIST NAME  
Relocation Specialist  
Telephone No.: INSERT TELEPHONE NO.  
Fax No.: INSERT FAX NO.

\_\_\_\_\_  
Displaced Person(s)